

Registration Form

Please Print

Address_____ **City/State/Zip**_____

Circle One:

29. Where Am I?
30. Birdwatching
31. Outdoor Women of the 1800's
32. Living With LA Wildlife
33. Boating/Trailer
34. Beginning Fly-fishing
35. Off Road Biking
36. Get Em' Hooked !
37. Basic Camping Skills
38. Outdoor Personal Protection

Regular Check In: 10 am - 11 am Friday

Welcome: 11:30 am - 12 Noon

Lunch: 12 Noon

ACCOMMODATIONS - Lodging is dormitory style with bunk beds housing 28 participants per dorm with air conditioning. One large central bath house is located between the dorms. Linens, blankets and pillows are not provided. Bring bedding and toiletry items. Meals are served cafeteria style and will be served at the designated times.

WORKSHOP FEE \$170 includes all meals and lodging, class instruction, program materials, use of demonstration equipment, and evening entertainment. Registration is taken on a first come, first serve basis, with space limited to 125 participants. No registration will be accepted by telephone, fax, or e-mail. Upon receipt of your registration and payment, you will be sent a confirmation with a map to Camp Grant Walker. We do not accept credit cards or cash.

Make checks payable to: **LOUISIANA WILDLIFE AND FISHERIES FOUNDATION.**

REFUND POLICY

CANCELLATION DEADLINE is, March 18, 2011. If you cancel by March 11, 2011 you will receive a 50% refund. Registrants who do not attend and do not cancel by the above date will not receive a refund. Cancellations must be in writing. You may e-mail it to dnorsworthy@wlf.la.gov or fax it to 318-345-0797.

Complete and send registration and fee to:
La. Dept. of Wildlife and Fisheries (BOW)
ATTN: Dana Norsworthy
368 CenturyLink Drive
Monroe, LA 71203

Checks are to be made payable to: Louisiana Wildlife and Fisheries Foundation
Checks not written out to the foundation will be returned.

Participants understand that photographs may be taken during the sessions and may be used in future support of the program.

COME PREPARED FOR RAIN OR SHINE

Suggested Items:

Comfortable outdoor clothing	old shoes	long sleeved shirts	long pants
sun screen	raincoat	cap	camera & film
insect repellant	alarm clock	camping chair	pillow
toiletry items	washclothes	towels	bedding
water bottle	binoculars	flashlight & extra batteries	

IT'S CALLED "LOUISIANA STYLE"

SPONSORED BY THE LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES

LIABILITY / MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the LDWF, Camp Grant Walker, and/or U.S. Forest Service, except as may be caused by the grossly negligent or reckless conduct of the LDWF employees or volunteer instructors I agree to hold LDWF , Volunteers, Camp Grant Walker, and/or U.S. Forest Service harmless for any said injury, illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF/Camp Grant Walker/U.S. Forest Service and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the Camp Grant Walker property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF Camp Grant Walker, and/or U.S. Forest Service.

Signature of Participant

Date

MEDICAL HISTORY QUESTIONNAIRE (MANDATORY)

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City/State/Zip _____

Phone:(_____)_____

Emergency Contact: _____ Phone: (_____)_____

Emergency Contact: _____ Phone: (_____)_____

ALL INFORMATION WILL BE CONFIDENTIAL

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications: _____

Allergies / Asthma (include medications): _____

Circle if you are being treated for any of the following:

Diabetes

High Blood Pressure

Seizures

Heart / Lung / Kidney Disease

When was your last Tetanus Toxoid inoculation? _____

THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Participant

Date